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STRAMONIUM IN PUERPERAL CONVULSIONS.

[Read before the Boston Society for Medical Improvement, March 9th, 1857, and communicated for the Boston Medical and Surgical Journal.]

BY R. H. SALTER, M.D.

CONVULSIONS, whether preceding, occurring at the time of, or following, labor, are the most frightful complications that attend the puerperal state; and it is a question whether the various views entertained respecting their pathology have yet indicated to us the most discriminating and rational method of treatment. It is said by nearly all writers on the subject, that the practice of large bleeding, carried to the extent of sixty or seventy ounces and even more, in the course of a very few hours, together with other evacuants, as cathartics and emetics, and in some cases the application of epispastics to the shaved head, are the most reliable means of treatment we can employ, and, compared with those employed by our predecessors, infinitely more successful. These, including artificial or forcible delivery, are considered the first and last things to be done in puerperal convulsions. The chief reliance is upon large bleedings. This is considered the sheet anchor of hope. No exceptions are made, and no account is taken of the condition of the patient as respects her general state as indicated by the fulness and strength or weakness of action of the circulating system. The simple fact of the existence of convulsions is considered a sufficient reason for commencing the process at once. It is perfectly obvious that this course of proceeding is altogether empirical, and that the practitioner is working at hap-hazard, without a single principle to guide him in this particular.

It may be well to refer, in this connection, to a supplementary method of proceeding, in certain cases, which seems to cap the climax of this empirical practice. When the *usual remedies*, as bleeding, warm baths, &c., have failed, the neck of the womb is incised sufficiently to allow, in head presentations, the introduction of the forceps when practicable, or the hand for the purpose of turning. Four incisions are generally recommended. This method

has obtained considerable favor in France, and I believe has the sanction of Prof. Simpson, of Edinburgh. The objection to it is not simply that it is unscientific and cruel, but because, if successful, it unnecessarily risks the superinduction of further difficulties, both immediate and prospective. The immediate, comprise hæmorrhage, morbid inflammation, long and tedious confinement. The prospective, comprise the difficulties to be overcome at the next period of labor (if the woman should again conceive), arising from the cartilaginous cicatrices of the previous incisions and attendant lacerations, and the increased predisposition to disease, malignant or otherwise, of the uterus—*arte, non vi*.

There are many other special remedies which have been recommended for the treatment of puerperal convulsions; the latest, as far as I am informed, are the anæsthetic agents. It is not my present purpose, however, to enter upon any discussion of the various remedies referred to, or even to speak particularly of those rules and principles which should guide us in the application of remedial measures, or direct us in deciding the question of artificial delivery. I shall limit myself to giving a summary of a few cases which have occurred under my own observation, in which a method of treatment will be suggested that in my view is far more eligible than those to which I have alluded.

In reference, however, to the practice of large bleedings, &c., it is not enough to say that the patient has recovered. We want to know the form of convulsion in which it is practised, and the effects of such treatment upon the future health of the individual. I cannot believe, even if the patient does survive the remedial process, that such enormous bleedings—so large in some instances that there is not *pabulum vitæ* enough remaining to feed a convulsion—can be practised without imminent peril to life, or in some way impairing the constitution and laying the foundation for future disease and suffering.

CASE I.—Mrs. J. S., aged 23 years; first pregnancy; of a slender form and delicate constitution; was delivered of a living child in the evening of Oct. 7, 1841, after a perfectly natural labor of twenty hours' duration. She recovered slowly but favorably until the evening of the 18th, when, without any apparent cause, she was seized with a violent convulsion of an epileptic character. Her tongue was badly wounded during the first fit. The fits recurring, and no contra-indicating symptoms forbidding, half an ounce of the tincture of stramonium was administered at a single dose. In about twenty-five minutes the pupils of the eyes began to dilate, indicating the constitutional effects of the medicine, and the convulsions ceased. Her recovery was imperfect, there remaining partial paralysis of the right side of the body, which affects her somewhat to this day.

CASE II.—Mrs. J. B., aged 20 years; first pregnancy; short,

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rather stout, and of thick-set form; was taken in labor at expected time, about 3 o'clock, A.M., Nov. 12th, 1844. Labor progressed naturally and regularly until near 11 o'clock, P.M., same day, at which time, while the head was passing the superior strait, she was seized with strong convulsions of the common sort. These fits recurred several times, at intervals of from fifteen to twenty minutes. Labor pains were not entirely suspended, though they were far less effective than previous to the attack—and a fit would seem occasionally to be excited by the access of a pain. I administered to this patient half an ounce of the tincture of stramonium, nothing contra-indicating, in conjunction with the tincture of ergot. Only one convulsion occurred after the medicine was taken, and the woman was safely delivered of a living child at 2 o'clock and 10 minutes, A.M., of the 13th. The patient remained in a state of partial coma after the second fit, and continued so after the delivery until the next morning. Both mother and child did well.

CASE III.—Mrs. E. C., aged 28 years; first pregnancy; of a sanguineo-nervous temperament and delicate habit of body; was taken in labor at expected time, about 2 o'clock, A.M., July 5th, 1850. The labor progressed favorably until 9 o'clock, P.M. At this time the head of the child was passing the superior strait, and pressing somewhat on the perinæum. Suddenly, and without warning, she was now seized with strong convulsive movements of an hysterical character, gradually assuming the form of a moderate degree of opisthotonos. After delaying an hour, and seeing no progress in the labor or improvement of the convulsive action from common means—as dashing cold water in the face, &c.—I administered half an ounce of the tincture of stramonium in conjunction with the tincture of ergot. In half an hour the convulsive action entirely ceased, and she was delivered at half past 11 o'clock, of a living child. Both mother and child did well.

CASE IV.—P. D. C., aged 20 years; first pregnancy; had been six months married, and was at the eighth month of gestation. She was rather short, robust, of a thick-set form, full habit, and of sanguine temperament. Nov. 16th, 1850, had slight uterine hæmorrhage, which continued very moderately about one week. On the evening of Nov. 28th, having returned to the city after an absence of two days, I found an urgent summons to visit this lady. On arriving at the house, I was informed by a physician in attendance that she had been in convulsions about thirty-six hours; had been bled to the extent of between four and five pounds, and that she was getting worse every hour, the convulsions quite as violent and more frequent; the intervals at this time varying only from ten to fifteen minutes. The physician, exhausted by his previous attendance, left the patient entirely to my care. She was the most deplorable and pitiable object I ever beheld. Her face was terribly swollen and livid, the tongue protruding from between the

teeth, swollen and dreadfully lacerated, and bloody froth pouring from her mouth; respiration deep, labored and stertorous; the pupils of the eyes, as well as I could judge, preternaturally contracted; the pulse thrady, weak, and so rapid as not to be counted; total inability to swallow, together with complete stupor or entire unconsciousness. In such a state of things one might well despair. Before the messenger returned from the druggist's, she had two convulsions. They were of an epileptic character, and extremely violent. There was no certain sign of labor having commenced. The os uteri was quite closed, though the cervix was obliterated, and the uterus itself had subsided considerably into the pelvic cavity. As the patient was unable to swallow, ten drachms of the tincture of stramonium were administered by enema. She had one convulsion within five minutes after the injection, and this was the last. In twenty-five minutes the pupils of the eyes were partially dilated, and within an hour the patient was comparatively quiet. Directions were given to administer diluted wine or brandy and liquid nourishment, beef tea, gruel, &c., as soon as she could swallow. At this time, also, I made a careful examination with the stethoscope to determine the life or death of the child. Discovering no signs of life, I directed turpentine injections to be given every four hours—both as a stimulant for the general system, and to excite uterine action. On the next morning, the 29th, I found the patient somewhat improved; had been able to swallow a little, though with considerable difficulty. Labor had also commenced, the os uteri being dilated to the size of a quarter of a dollar. She was delivered of a small, dead child, about 3 o'clock, P.M., of the 30th. Her consciousness did not return until the 3d of December. She had no recollection of anything that had transpired since the commencement of her illness. She recovered rapidly and fully—but never has been as robust as before this attack, and becomes much more easily exhausted on exertion.

CASE V.—Mrs. J. R. B., aged 33 years, was in her fifth pregnancy. Temperament bilious, tall, and of a delicate habit of body. Previous pregnancies perfectly natural, the fourth being twins. This woman was taken in labor at expected time, about 12 o'clock, M., March 17th, 1852. Slight uterine pains continued very regularly until near 6 o'clock, P.M., when she was seized with an intense pain in the right temple, the labor pains ceasing at the same moment. I was now summoned to visit her. I found her dull, heavy and indisposed to answer my questions; and when she did answer, there was some rambling and incoherency in her replies. Pulse preternaturally slow, but otherwise quite normal. Skin natural. Os uteri soft and very dilatable. Made gentle traction to induce labor pain, with the hope of relieving the head, and with success. Soon discovered that the feet presented. Ute-

rine action re-commencing. Moderate pains continued to recur every ten minutes, with perfect regularity. While these lasted, all the unfavorable symptoms disappeared. At the end of about two hours, the intense headache returned, accompanied with the like symptoms as before mentioned. I again used traction, with the same result as at first. In about half an hour, however, from this, she gave a sudden shriek, and was immediately extended full length upon the bed in one intense spasm, running into opisthotonos, evidently of an hysterical character. These fits recurring frequently, and the intervals being so filled up with disquiet and jactitation as to prevent my rupturing the membranes and bringing down the feet, I administered half an ounce of the tincture of stramonium. In less than half an hour the convulsive action ceased, and the patient became quiet. I then ruptured the membranes, brought down one foot, and managed the case as if no complication had existed. Both mother and child did well.

CASE VI.—Miss J. M., aged 19 years; first pregnancy; unmarried; rather short, stout, of thick-set form and robust constitution; was taken in labor, at full time, 10 o'clock, P.M., June 20th, 1854. Labor progressed favorably and naturally for fifteen hours, when, at the time the head was passing the superior strait, she was seized with violent convulsions of the common sort. Uterine action was not entirely suspended, but with nearly every return of pain a fresh convulsion occurred. Half an ounce of the tincture of stramonium was administered in conjunction with ergot. One fit occurred within ten minutes after the medicine was given. There were no more fits until after delivery, which was accomplished at about 4 o'clock, P.M., of the 21st; the child living. The mother remained quiet and in a state of partial coma about four hours, when she was again seized with convulsions. Finding that the pupils of the eyes presented almost their normal size on exposure to light, I administered five drachms of the tincture of stramonium. She had a fresh fit soon after the medicine was given, and this was the last. Both mother and child did well.

I might have added to the number of cases treated in this manner and with equal success, by relating those which I have visited in consultation, but I will not detain you, excepting to say that the common and hysterical forms of puerperal convulsions will tolerate, and for the most part do well, under almost any rational and judicious treatment. Still, in these forms I consider the treatment with stramonium as far preferable. It is in the epileptic form, the most frightful and formidable of all puerperal convulsions, that the common treatment is most likely to fail; and if perchance it should not fail, it is replete with peril, not only immediate, to life, but also to the future health of the individual. It is in this form that the comparative value and power of stramonium to control spasmodic action is most strikingly exhibited.

There are cases, undoubtedly, in which all the symptoms taken together, would not only justify but require that a moderate bleeding should be premised as a *preparatory* measure; as, for example, where we find, during the interval of the fits, by the state of the pulse, the evidence of phlogistic action in the circulating system. Ergot and turpentine, also, will be found very necessary adjuvants for fulfilling certain indications, and other articles might be mentioned; but in no case are any of these, remedies *per se* for convulsions. I consider the tincture of stramonium, properly administered, when there are no contra-indicating circumstances, as a *sine qua non* for the speediest, safest and most uniformly successful relief of puerperal convulsions.

The two following cases will show that stramonium is as promptly effectual for the relief of the simple forms of convulsions, as for those complicated with the puerperal state.

CASE I.—J. R., 17 years of age, had had indifferent health for more than a year, at times, however, suffering considerably from neuralgic or rheumatic pains in the chest, particularly in the cardiac region—at other times in the abdominal muscles, and in his limbs. At these periods of special suffering he was confined to the house, and sometimes to his bed. One of the worst turns of this sort occurred in December, 1856. At this time the abdominal muscles and the intestines were the principal seats of pain, though the muscles of the chest and the heart were somewhat implicated. In the commencement of these paroxysms the impulse of the heart was always preternaturally strong, and the sounds loud. The pulse, besides being preternaturally frequent and irritable, had a peculiar irregularity in its beat, without corresponding action of the heart. Each stroke of the pulse was attended by three or four spasmodic twitchings, or quiverings, giving a sensation somewhat like a clonic spasm of a muscle of the eyelid, called nictitation. At one time this peculiarity of the pulse would subside within twenty-four hours—at others continue two or three days—but invariably as soon as the pain in the cardiac region was relieved. About midnight of the third day after this last attack, December 7th, he was seized with a convulsion, lasting a very few minutes. During the same night and following forenoon, he had seven or eight fits. They were of the common sort. At noon of this day, December 8th, I directed one drachm doses of the tincture of stramonium to be given every fifteen minutes until four or five doses were taken, and then to suspend. There were no more convulsions until the forenoon of the 9th, when he had another fit. The stramonium was then repeated as before. He had another fit late in the afternoon of the 10th. The same plan was again repeated with the stramonium, with the additional direction, however, that after the fourth dose it was to be continued at an interval of four hours. On the 11th the pupils of the eyes were fully dilated. The stramonium was

now omitted, and the protoxide of zinc and opium, in the proportion of ten and one grains respectively, was administered daily. The boy had no more convulsions after the one on the 10th. The zinc and opium were continued several weeks. At the present time he is in better health, and feels more vigor, than for nearly eighteen months.

CASE II.—Miss —, 24 years of age, had uniformly enjoyed good health. I visited this patient in consultation late in the evening of January 13th, 1857. She had been in convulsions about thirty-six hours. At first view, the case appeared to be one of tetanus. It was certainly a very striking counterfeit. The opisthotonos was perfect, the woman resting upon her heels and head, and forming a complete arch. After three or four successive paroxysms of this form, there occurred emprosthotonos. After as many paroxysms of this form, opisthotonos recurred—thus alternating from the one to the other. The paroxysms were violent, and the spasms intense. It was soon evident, however, from the history of the case and some attending symptoms, that the convulsive action was of an hysterical character. The attending physician had previously formed this opinion. I advised the use of the tincture of stramonium in half ounce doses. If the first dose did not relieve the patient within half or three quarters of an hour, to repeat in the same quantity. I learned from the attending physician, afterwards, that he administered the medicine himself as advised, and awaited the result. In less than half an hour after the medicine was given, the convulsive action ceased, and the woman became perfectly quiet, fell asleep, and did not awake until next morning, when she rose feeling perfectly well, experiencing no inconvenience whatever from the disease or the medicine.

I will simply remark, in conclusion, that I am inclined to believe that many of the cases reported as tetanus are only counterfeits of this disease. I judge so from the treatment which is said to cure them. An elephant is not easily slain with a pop-gun, and one would hardly think of using a cannon to kill a fly.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 115.]

§ XII. In many of the preceding parts of this paper I have strongly insisted on the influence of the aura epileptica, or of a peculiar kind of irritation of the peripheric nerves, as causes of epileptic fits. I must now show that I was right in this respect.

Herpin, in his important work which I have so often quoted (*loc. cit.*, p. 421), tries to prove that the phenomena of the aura epileptica are nothing but the result of a cramp in one or in more

muscles, and that this cramp is the first convulsion of the attack. The same view had already been proposed by Prichard, who says that the aura generally is "a convulsive tremor commencing in a limb" (*A Treatise on Diseases of the Nervous System*, Part first, 1822, *Note*, p. 88-89). Herpin has gone farther, and tried to prove that this is always the case. He thinks that the aura epileptica, or, in other words, the first cramp, depends upon a change in the nervous centres, and that the seat of the aura varies according to the place where the change begins in these centres. The cause of the attack, therefore, is in the cerebro-spinal axis, and the aura is only a manifestation, an effect, of this cause, and, in consequence, cannot be considered as a cause of the fit.

This theory implies that the so-called sympathetic epilepsy does not exist; it is a denial of the peripheric origin of epilepsy.

I cannot understand such a denial, because I think there cannot be any doubt as regards the existence of the sympathetic epilepsy, when we take notice of the immense number of cases of this disease in which it has been produced by wounds or blows in various parts of the body, by neuromas, or other tumors, by dentition or decayed teeth, by foreign bodies, by worms, by calculi and other concretions, by diseases of the skin or of the trunks of nerves, &c. I will merely refer to the works of Portal (*loco cit.*, p. 155-185, p. 204-214), Esquirol (*loco cit.*, vol. i., p. 297-305), Delasiauve (*loco cit.*, pp. 217 and 253), and Romberg (*Nervenkrankheiten*, 3d ed., 1855, vol. i., part 2, pp. 689 and 700), where a great many such cases are reported.

When I treat hereafter of the nature and seat of epilepsy, I will try to show that almost always, if not always, there is in this disease an increased degree of the reflex excitability of the cerebro-spinal axis, and that epilepsy seems to consist mostly in this increased excitability. When a wound, or any of the known causes of the sympathetic epilepsy, produces this affection, it does so principally, if not only, by increasing this reflex excitability. I will show also, hereafter, that there are two distinct influences belonging to the various causes of the sympathetic epilepsy: by one, they produce the disease, or rather, the principal element of the disease, *i. e.*, an increase of the reflex excitability; by the other, they produce the fits. I refer, I repeat, to the writers I have just quoted, for facts proving that they may produce the disease, and I will now only try to show, in opposition to the theory of Dr. Herpin, that they often cause the fits. I will also try to show that many kinds of felt or unfelt irritation of the sensitive nerves of the skin, or of the muscles, have the same power.

A great many facts are opposed to the view that the aura results always from a cramp. In the first place, if this view were true, the sensation of the aura should always be felt where there are muscles, and not in those parts, such as the fingers, toes, skin, mammæ,

testicles, ears, &c., where there are no muscles, and where, therefore, there cannot be any cramp. In taking notice only of cases reported by Herpin himself, in his learned historical account of the aura epileptica, we find that in a number of them the aura originated in the following parts: the little finger (two cases, one by Brassavola, the other by Hollier); the thumb (one case by Bouchet and Cazanvielh); a finger (one case by Faventinus); the big toe (four cases—two by Tulpinus, one by Sylvius, and one by Portal); a cicatrix on the foot (one case by Puerari); all quoted by Herpin (*loc. cit.*, pp. 393, 394, 395, 398, 416 and 417). I might have given a much longer list by taking facts from other writers, ancient and modern. There are also many facts in opposition to the view of Herpin, in his own work, some of them observed by himself. There are cases in which there was a cramp, but, at the same time, a pain in parts where there was no cramp, and it is remarkable that the patients complained of this last pain only. So it was particularly in two cases observed by Herpin himself (Case xi., p. 70; and Case xix., p. 134).

If the view of Herpin were true, the sensations of the aura epileptica should be always the same, and always those of a cramp. Instead of such a thing, it is well known that these sensations vary extremely, and that they are described as a feeling of tickling, formication, burning, cold, &c. It would be easy to give a long list of cases in which these sensations have existed. Romberg, who admits two kinds of aura, a sensitive and a muscular one, says that the sensitive aura, in some of his patients, consisted of a feeling of formication in the extremities of the fingers and toes, and in others a tickling sensation around the mouth (*loco cit.*, p. 674).

Herpin says (p. 421–422), that he partially believes that epilepsy has been cured permanently or temporarily, and that the fits have been prevented, by stretching the limbs, frictions, ligatures, section of nerves, cauterizations, extirpation of parts, amputations, &c. These facts are certainly in direct opposition to his theory, and he feels much embarrassed about them. He tries, nevertheless, to show that there is no contradiction between his doctrine and these facts. His reasoning in this respect can prove only one thing, which is, that almost all the successful modes of treatment above enumerated are very powerful to diminish or prevent a cramp. But Herpin does not show how or why the prevention of a cramp cures epilepsy. Certainly it ought neither to cure the disease, or even to prevent the fit, as, according to the theory, the cause of the fit is in the nervous centres, and the aura, or first cramp or convulsion, is nothing but one of the effects of this cause. Of course, a cause is not destroyed, or rendered unable to act, because one out of many of its effects is annihilated. Herpin, very likely, has been aware of this inefficiency of his theory, as he tries to show—1st, that besides cauterization, in some cases powerful remedies have

been employed; 2d, that he considers as doubtful some of the cases of cure by the extirpation of a tumor; 3d, that some operations have cured, for the same reason that fever and ague, typhoid fever, variola, &c., have.

I am surprised to find this last argument employed by Herpin, as there is nothing similar in the various operations performed for the cure of epilepsy, and these diseases. The alterations in the blood, and the changes in the nutrition of the nervous system which exist in these fevers may cure epilepsy, but in operations consisting in the application of a ligature round a limb, or in the section of a nerve, or in the extirpation of a tumor, there is nothing capable of altering materially the blood, and the nutrition of the nervous system. As to the other arguments of Herpin, they are valuable, but they apply only to a small number of cases.

[To be continued.]

A FEW REMARKS UPON THE TREATMENT OF ASTHMA.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are few diseases falling under a physician's observation, in the treatment of which his means are more limited and followed with less satisfactory results than that of spasmodic asthma. So general is this opinion, that seldom is a physician consulted except in extreme cases.

Prevalent as is this disease, there are few remedies known upon which the patient or physician can rely with any flattering prospect of relief or success. Of the antispasmodics, lobelia is perhaps the most efficacious; but the extreme nausea following its exhibition soon deters a patient from its repetition. Stramonium will at times give temporary relief; but so brief and uncertain is it in its effects, it is seldom now used. Inhaling the fumes of nitre affords often signal benefit; but the trouble of adopting this remedy at night, when the most severe paroxysms oftenest supervene—besides the suffocating cough induced by its inhalation—renders this agent also inconvenient. Emetics are often exhibited with transient success, particularly in those cases where the attack is induced by indigestion or over indulgence in eating; but they have no effect in preventing a repetition.

I have observed in this disease a peculiarly morbid state of the nervous system, and a decided disinclination to adopt any remedies attended or followed by any unpleasant effects. In the commencement of a paroxysm of asthma the minute branches of the bronchial tubes are plugged, as it were, with a transparent tenacious mucus, which prevents a perfect inflation of the lungs. To such an extent does this obstruction often exist, that the countenance of the sufferer, after an attack of a few hours' continuance, presents a leaden,

dusky hue, caused by the imperfect aërication of the blood; he grasps the sides of his chair, or some fixed object as a point of resistance, that he may exert the muscles of respiration with greater effect to overcome this obstruction.

I have administered the hyd. potassa in this disease, with most decided temporary and permanent relief. Exhibited in five grain doses three times a day, the effect is immediate and marked. Of the rationale of its effects I am ignorant; but the administration of it is soon followed by a slight expectoration of viscid mucus, attended with an amelioration of all the most urgent symptoms. In hay asthma, rose fever, and cases analogous to true spasmodic asthma—caused by certain perfumes, vapors, &c.—this remedy produces the same relief. That hyd. potassa possesses a specific influence upon the air passages, I think is undoubted, and I am prepared to learn that it will be found one of our most efficacious remedies in “pseudo-membranous” croup, to disengage the false membrane after the inflammatory action has been reduced. Will the profession give it a trial.

Yours, &c.

Sag Harbor, N. Y.

C. S. STILWELL, M.D.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.
BY W. O. BROWN, M.D., SECRETARY.

Dr. ELY reported the following case of *Peritonitis with Perforation*.
Mrs. S. B., aged 25; mulatto; married; called at my office July 2d, 1856. Said she had not menstruated since February. Was somewhat increased in size; had never borne a child; complained of frequent calls to void urine; micturition very painful; pain and tenderness over lower part of abdomen. Had suffered much from neuralgia of face. Called again on the 7th; troubles somewhat relieved, but not removed. Made an appointment to meet her at her house and make an examination, that I might prescribe more understandingly. Upon examination, found the entrance to the vagina very small, the smallest I recollect in an adult female. Urethra very tender throughout its whole length, swollen and hard. Its tenderness, the smallness of the soft parts and the elevation of the womb in the pelvis, rendered it impossible to reach the os uteri. The attempt caused her great pain. She complained of pressure in the hypogastric and iliac regions, especially the right. No leucorrhœa of any consequence. Urine clear and free from mucus, so the painful micturition could not be referred to cystitis. Bowels inclined to be costive. Pulse natural. Tongue not much coated. Appetite fair. Countenance good. Did her own work. From the increased size of abdomen, appearance of breasts, &c., I thought her pregnant and told her so, and that she probably would perceive motion before long; that the painful micturition was caused by pressure of the enlarged womb upon the neck of the bladder. Directed her to keep the bowels open, to remain in re-

cumbent position all she could, to apply hot fomentations across the bowels, and to take small doses of copaiba. She perceived motion about the first of August. I visited her till the 13th of August, once or twice a week, when she appeared nearly well.

I heard nothing more from her till Tuesday afternoon, Dec. 2d, when her husband meeting me in the street, said his wife would probably need me before morning. Being in the vicinity of her residence that evening, I called and found she had had labor pains Sunday night. Monday she was free from pains, but they began again that night and continued till a short time before I called. She complained of want of sleep; pulse good; skin cool. Upon examination, was unable to reach os uteri. I prescribed Dover's powder, and left with directions to call me when the pains returned. The husband called at 7½, A.M., Wednesday. I went immediately, and found she had been in hard labor all night, the head of the child resting on the perineum. Child born about 9½, A.M. Pretty copious flooding followed soon after delivery of placenta, but was arrested by cold and ergot. For nine days following delivery she was as comfortable as could be expected after so long and painful a labor. She had some fever on third, fourth and fifth days, but no more tenderness of abdomen than often occurs. Bowels moved with oil on the fourth day. The shortness of the nipples rendered it difficult for the child or any one else to draw the milk; in consequence, the breast threatened to inflame, but by the ninth day the trouble seemed to have passed by. The nurse was young and inexperienced, and I charged her to give me early notice if the breasts again became at all swollen.

I heard nothing more from her till the 9th of January, when I was requested to visit her. Several abscesses had formed and broken in each breast. She was unable to rise without fainting; pulse 120, small and feeble; tongue heavily coated, of a brownish color; lips pale; bowels very costive and distended with flatus; thirst and complete loss of appetite; had suffered from bilious vomiting for twenty-four hours; face swollen, and lips covered with *herpes labialis*. The mucous membrane of the throat and nasal passages was much inflamed. The inflammation soon affected the bronchial tubes, giving rise to a troublesome cough. The vomiting subsided under the use of creosote mixture and mustard over the stomach. Two compound cathartic pills, followed by extract of senna, procured two movements of the bowels. Her debility forbade much catharsis. Tinct. rhei. dulce and tinct. gentian comp. were given three times a day, in varying proportions, to meet indications. Breasts were dressed with cerat. zinci carb. One small abscess formed and discharged. A few Dover's powders were given to produce sleep.

Jan. 15.—Complained of inability to move her limbs. Could slowly move legs and arms. Could not turn in bed or feed herself. Sensation was perfect. By the 21st the tongue had cleaned, appetite had returned and paralysis began to pass off. By the 30th she could help herself considerably, turn in bed, &c.; pulse 84, and of fair strength. From the 16th to the 21st, the bowels were very costive, though she took tinct. rhei daily, requiring a large quantity of oil, in repeated doses, and injections, to overcome the constipation.

Saturday, Jan. 30, she had, without apparent cause, three epileptic fits. Since 13 years of age, she had been subject to what she called

fainting turns, with loss of consciousness. Sunday, she had one fit; Sunday night several; also, Monday and Monday night. None after that. On Sunday the pulse was 120 and feeble. Tuesday, she was moaning, and trying to throw herself about the bed, and did not answer questions. Wednesday, she lay quiet, eyes open and staring; could not speak. Thursday, could not speak; refused medicine. Friday, was perfectly conscious; spoke and did as desired; pulse 120 and feeble; tongue not much coated; breath very offensive, from wounds of tongue; abdomen flat; some tenderness in left iliac fossa. Since Sunday she had passed urine and feces unconsciously, and had had from one to three evacuations of bowels daily. Friday night, slept a few minutes. This was the first sleep since Monday night. Saturday, 10½, A.M., all the symptoms were as on the day before; no tympanites. Called Sunday and found, much to my surprise, that she died that morning at 2 o'clock. Nurse said at 1 o'clock, P.M., Saturday, she began to sink, and died without pain. Made no complaint of bowels.

Post-mortem, Tuesday, 12, M., 58 hours after death. Being somewhat indisposed, Dr. Collins, assisted by T. P. Ives, kindly made the examination for me.

Abdomen distended with flatus. *Lungs*—right bound down by old adhesions; left free. Posterior lobes of both, but especially the right, filled with blood, partly from stasis. Chalk concretions in both lungs. Heart healthy, contained no clot; blood fluid. Stomach, liver, pancreas and spleen healthy. Right kidney enlarged and of a yellowish color, as if fatty. Left, healthy. Upon raising up the intestines from the iliac fossæ and cavity of pelvis, small pieces of feces were seen; also, seeds resembling those of the apple. Upon examination, it was found that the extremity of the appendix and the wall of the cæcum were perforated; the hole in the appendix was equal to its calibre, and that in the cæcum half an inch in diameter. The appendix and cæcum were bound to the fundus of the bladder by old adhesions, and at that point the wall of the bladder was partially destroyed by ulceration. More seeds were found in the appendix. Lumps of hardened feces existed in the colon. A band was stretched across the upper part of the rectum, somewhat diminishing its calibre. The urethra bore marks of inflammation. The mucous membrane of bladder was healthy. A small, fibrous tumor was attached by a slim peduncle to the anterior wall of the uterus. In the course of the left Fallopian tube, were two elliptical shaped bodies of the size of butternuts; one near the extremity, and the other about half way from that point to the uterus.

During the summer of 1855, Mrs. S. B. was sick for some weeks and under the care of Dr. Miller, of this city. Since her death he informed me that she had inflammation of the right iliac fossa. Probably at that time the attachments of the appendix and cæcum to the bladder took place. As the escape of feces and seeds had not excited any trace of inflammation, it is fair to suppose that they escaped only a few hours before death, after the visit of Saturday, the shock to the system being sufficient to destroy life in her then weakened condition.

Dr. C. W. PARSONS related a case of *Vascular Tumor near the Meatus Urinarius* of the female, operated on by ligature.

The patient was over 60 years of age; had suffered in urinating for three months; within a fortnight had begun to suffer with inflammation

of mucous membrane of vulva, which was excoriated. The tumor was attached just behind the meatus urinarius, nearly two inches long and more than two in circumference, with something of a neck, fissured on its surface, not extremely sensitive. The healthy mucous membrane was easily brought into view behind it. A silk ligature caused the tumor to fall off in two days, and cure seemed to be complete in a fortnight afterwards.

Some discussion followed as to the modes of treating this affection.

Dr. PECKHAM mentioned having treated several cases successfully by application of strong caustics; they were all smaller tumors than this.

Dr. BROWN related a case that had been some time under his treatment, in which successive applications of nitrate of silver, and also of sulphate of copper, had effected no more than temporary relief. The vascular surface (for it was scarcely elevated enough to be called a tumor) was extremely sensitive, and extended around nearly two thirds of the circumference of the urethra, and apparently through nearly its whole length. The application of the nitrate of silver occasioned severe pain, which lasted many hours. The caustic potash has been applied, of late, to the surface, by means of a probe coated with it. The pain is very severe at first, but the caustic is immediately neutralized with vinegar, and in the end does not produce near so much suffering as the nitrate. She is now apparently improving. Age, about 45 years.

Dr. Peckham mentioned that most of his cases had been in women past middle age.

Dr. PARSONS also mentioned a case of *Polypus Uteri* operated on by his father. The patient, a widow, aged 49, had never ceased to menstruate, and had had frequent turns of uterine hæmorrhage for about a year and a half, usually recurring as often as once a fortnight, and lasting three or four days, preceded by pains in loins and over pubes. In February, 1856, she had a feverish attack, lasting ten or twelve days, preceded by severe pain in small of back, and accompanied by profuse flooding. The flooding continued afterward, and was accompanied by fetid discharges. Her strength was rapidly reduced, and she now began to be conscious of having something more than menorrhagia. There was some difficulty in obtaining a passage from the bowels. The homœopathic attendant diagnosed cancer of the uterus.

Drs. U. and C. W. PARSONS found, on examination, the vagina well filled up by a tumor, projecting from the os uteri, which could be traced around its neck in front only, the finger being unable to reach its posterior half. The tumor was soft on its surface, and the discharge was very fetid, with shreds of decomposed matter in it. The diagnosis was, polypus uteri. The patient was very anæmic, and evidently hastening toward the grave. The operation was performed April 22d. It was necessary to draw down the tumor, and with it the uterus, with some force, and to deliver it from the vagina with obstetric forceps, it being nearly as large as a fetal head. After applying a wire around its neck, it was allowed to retract. The wire remained about forty hours; constitutional symptoms were severe; and about twelve hours after the operation, a part of the tumor was cut off, to let the uterus return partially to its natural level. The tumor was soft, fissured on its surface, black, gangrenous; its size and weight

not accurately ascertained. The result was in the highest degree favorable; the patient was out in six weeks, and in a few months was able to do her own housework. In November she walked several miles. She continues (January) to menstruate at intervals of a few days less than four weeks. She assures me that her mother ceased to menstruate at the age of 55.

In this case, besides the large size of the tumor, it is interesting to notice the beginning of a natural process which tended toward a cure, though the patient's blanched and weak condition forbade the hope that she could have lived long enough to complete the process favorably. This was the gangrene of the tumor. Probably the attack of fever, preceded by increased pain and accompanied and followed by more profuse and incessant hæmorrhage as well as fœtid discharge, marked the beginning of this gangrene.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 26th.—*Calculus from a Mink; probably from the Urinary Bladder.* Dr. JACKSON presented the specimen, which was sent to Prof. J. WYMAN, of Cambridge, by Mr. WM. EDWARDS, of South Natick, and at the suggestion of Prof. W. was presented to the Society.

The animal was of the ordinary size, and Mr. E. says "the man who shot it could only tell me that in skinning the mink, he felt this hard substance in its belly, and took it out to satisfy his curiosity. He thinks it lay two or two and a half inches from its tail."

The calculus is of a very regular elongated oval form, somewhat granulated upon the surface, of a whitish color with a tinge of yellow, and very compact in structure. Having been sawed lengthwise, the cut surface measures $1\frac{1}{2}$ inches by $\frac{1}{2}$ inches. The mass has a distinctly, though not very strongly marked, radiating and laminated structure; its broken surface has generally a dull hue, but is in some parts shining; the color is about the same as that of the external surface. The central portion, to the extent of three eighths of an inch, is darker colored and of a coarse structure.

Dr. JACKSON remarked upon the enormous size of this calculus, supposing that it came from the bladder; also, upon the fact that the same animal is found, in this neighborhood, to be very frequently the subject of another affection of the urinary organs, viz., stronglyli in the kidneys. He never before had heard of a case of calculus.

The following is the chemical analysis of the stone, as reported by Dr. BACON.

"The calculus having been sawn through the centre, presents radiating lines, and numerous concentric layers, of a nearly white color. It is composed of triple phosphate, with small proportions of phosphate of lime, oxalate of lime, urate of ammonia and animal matter."

FEB. 9th.—*Expulsion of a Lumbricus with a Dress Hook attached.* Dr. WILLIAMS showed the specimen, which was received from Dr. STOCKER. The worm was expelled by a child, and at a point about one quarter its length from the posterior extremity was attached a common dress hook, through one of the eyes of which this portion of the worm had passed.

FEB. 23d.—*Fibrous Tumor of the Uterus, complicated with Ascites.* Dr. JACKSON mentioned that he saw the patient the day before with

Dr. THORNDIKE, of East Boston. She was 48 years old; tall and muscular; a laundress. She had been sensible of something unusual about the left side for more than a year. In September last, Dr. T. was called to see her on account of some ill-defined constitutional affection. Since that time she had been enlarging in size, but had kept about her work. Four gallons and one quart of a yellowish serum were drawn off on the afternoon of the day Dr. J. saw her. The tumor was afterward felt upon the left side, of about the size of the head, and quite dense.

On examination per vaginam, the *os uteri* was found looking backward, and the tumor was also felt, having the hardness of the foetal head.

Dr. J. regarded the ascites as a very unusual complication with a fibrous tumor.

Another peculiarity in the case, he thought, was the regularity of the menstrual flow, there being, also, no increase in the amount. He had very generally noticed a tendency to menorrhagia or hæmorrhage in these cases.

MARCH 9th.—*Cancerous Disease of the Pancreas.* The specimen was shown by Dr. C. D. HOMANS, having been received from Dr. ELLIS, who furnished the following report of the case.

The patient was upward of 60 years of age. For more than thirty years he had been subject to cough, and had occasionally raised blood. During the winter he gradually failed. Two or three weeks before his death he was attacked with fever and symptoms of effusion into the right pleural cavity. A week after, the feet became cold, and soon exhibited the appearances of commencing gangrene. At the time of death, vesication had taken place on the right foot, and one hand was attacked.

At the *post-mortem* examination, a large quantity of serum was found in the *right pleural cavity*. The corresponding *lung* was much compressed; the *left*, emphysematous; but neither was tubercular. Upon the *aortic valves* were reddish warty vegetations. Cancerous masses were scattered throughout the substance of the *liver*.

The *right half* of the *pancreas* was two or three times as thick as usual, very firm, and had lost all appearance of the usual structure, being of a dull or yellowish-white color, with some vascular points. The disease gradually blended with those portions which, though not healthy, still presented some traces of the original tissue. The *duct* had been raised by the growth of the thickest part of the disease, and was evidently much obstructed by it, as was shown by the dilatation behind.

On microscopic examination of the diseased portion, it was found to be composed of nuclei and cells, the latter very large and of every conceivable shape. Many of these contained round, transparent centres, so large in some cases that they occupied nearly the entire cell. They seemed to be the result of dilatation by some transparent liquid. The nuclei and nucleoli were not, for the most part, relatively large, although some were so.

The *posterior tibial artery* of the foot in which the gangrene had progressed the farthest, did not present any remarkable appearances.

But a brief account of the case has been given, as no symptoms were noticed before death which could be immediately referred to any

disease of the pancreas. The latter was considered interesting, as but few specimens of cancer of that organ have been seen here, although Rokitsansky states that it is a very common affection in connection with similar disease of other parts.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 26, 1857.

A CONVENTION OF MEDICAL EDITORS.

THE *Southern Journal of the Medical and Physical Sciences* proposes that a convention of the editors of the American medical press should be held during the forthcoming sitting of the American Medical Association at Nashville, "to deliberate upon all subjects pertaining to the support and progress of medical periodical literature." It is a well-known fact, that medical journals in this country do not, as a rule, receive that support from the profession to which they are entitled. A large number of subscribers take their journals regularly without paying for them, or without paying promptly; some from inadvertence, but many, we fear, deliberately. One of the objects of the proposed convention is to institute a reform in this respect, and enable the conductors of the periodical press, not only to be indemnified from loss, but by a reasonable pecuniary return for the expenditure of time and talent to improve the quality of our medical periodical literature, and thus indirectly to elevate the standard of the profession. The effect of good medical journals upon the progress of medicine can hardly be over estimated. As the editor of the *Southern Journal* justly remarks, without them the profession would be "an army without banners, or a ship without sails." It is only by means of a constant interchange of new ideas, the publication of new discoveries, the promotion of friendly feelings throughout the scientific world, that science can advance with those rapid strides which render the present age so remarkable.

It may seem a very easy thing to obtain from subscribers to medical periodicals the small amount which is annually due from them. Experience has shown that in many instances this is not the case, and we suppose that every journal has a certain number, some a large number, of names on its lists, who are not ashamed to receive the periodical without ever paying for it, besides others whose payment is withheld so long, or obtained with such difficulty, as to make it no adequate compensation for the expense incurred by the editor or proprietor. We are therefore glad to see the suggestion of the *Southern Journal*, and we hope it will be carried into effect. If the majority of the editorial corps will agree to adopt the cash system, and refuse to supply subscribers who are in arrears, until all accounts are settled, we are confident that there will be no reason to regret the reform. The only subscribers lost will be those who do not pay, and hence the result will be an actual gain to the proprietor; while if all journals will unite in this plan, the delinquents will not be able, as is sometimes the case, to supply themselves by running in debt for another periodical. We think a convention of editors might also have a fa-

avorable effect upon our medical periodical literature, by deliberating upon the best means of improving the character of our journals, by obtaining a larger amount of valuable original matter, both on the science of medicine and on the ethics of our profession. It is surprising to see how small a space is generally devoted to original articles, and how inferior many of these are in quality. Many of our medical periodicals are chiefly composed of extracts from other journals, and we could name one, at least, whose short existence was almost sustained by matter transferred from our own pages. The subject of *advertisements* is one which should come under the notice of the convention; and considering the profit yielded by this department, and the importance of its effects upon the character of our profession, it is surprising that so little should have been said on this point.

We have briefly referred to a few of the topics which would naturally come before the editorial convention. There are several others which would also form appropriate subjects for discussion, should the proposition of the editor of the *Southern Journal* meet with favor, which we sincerely hope will be the case.

REPORT OF THE CITY REGISTRAR OF BOSTON.

THE City Registrar's Annual Report for the year 1856, which has just made its appearance, is not behind any of its predecessors in the value and interest of its contents, and will, we trust, be attentively read, and have some effect in awakening public attention to the important subject of vital and mortuary statistics. A few remarks in the commencement of the Report, point out the utility, we may say the necessity, for the accurate compilation of these statistics in its influence upon the public welfare, on the prolongation of life, and on the removal of sources of epidemic and other diseases. The subject of reporting deaths is again alluded to, and the necessity for a reform in this particular is urged. We referred to this subject last year, and its importance must be our excuse for again calling attention to it. There is no ordinance in Boston compelling physicians to certify to the causes of death in those cases which come under their care. The returns are made by undertakers, who, in most instances, obtain their information from the families of the deceased. Hence a large number of inaccuracies must occur in the reports. Massachusetts is quite behind Rhode Island in this respect. The Registration Act of that State, enacted in 1855, makes it the duty of physicians to report deaths: and where death occurs without the attendance of a physician, that duty is imposed on coroners. Mr. Apollonio is convinced that not only is the value of the registration system impaired by the imperfect manner in which it is carried out, but even that crimes are committed, and effectually concealed, through these very defects. Out of three instances in which this has occurred, he cites one in which an undertaker was employed to superintend the funeral of a female who was reported to have died of typhoid fever. After the interment, facts were discovered which led to the suspicion that something was wrong. The body was exhumed, and an examination was made, which fully proved that an abortion had been practised, which in all probability had been the cause of the death. "Arrests were made; among the number the 'Doctor,' who was alleged to have produced the abortion, and held to bail for trial. Although little doubt existed that the death in

question resulted from the assigned cause, it was found impossible to fasten the guilt upon the suspected parties, and they altogether escaped." It is to be feared that these instances are not uncommon, and the above facts sufficiently prove the expediency of such a law as will lead to the suppression of these crimes, and at the same time add to the value and accuracy of the returns, without which they are not only deprived of a great part of their value, but may become the source of serious evils.

Our space will not permit us to call attention to many other interesting facts which are presented in Mr. Apollonio's Report. We hope it will be extensively read, and that the suggestions it offers will form the basis of action on the part of our municipal authorities.

American Editors of European Works.—In the article on this subject by our correspondent X. Y. Z., published in the Journal of the 12th inst., an unintentional misstatement was made, we understand, respecting the publication of Kane's Chemistry by Professor Draper. It is there stated, that after deducting the cost of publication, the profits were divided between the publisher and the foreign author. The facts are these: Harper & Brothers paid to Dr. Draper \$1,000 for the American edition of Kane's Chemistry. The whole sum was most generously sent to Dr. Kane by Dr. Draper, who never received any pecuniary emolument from the work, but was at the trouble of bringing out the edition merely because such a book was at that time greatly wanted in our colleges. The magnanimity of this transaction is enhanced by the fact that Dr. Kane and Dr. Draper were strangers to each other—the proceeding being entirely spontaneous on the part of the latter, and unexpected on that of the former.

Social Medical Meeting.—We would remind the members of the Suffolk District Medical Society that there will be a social meeting of the Society on Saturday evening, at the rooms in Temple Place.

Health of the City.—There was a slight increase in the mortality from scarlatina during the last week, three more deaths having been reported than during the previous one. The number of deaths for the corresponding week of last year was 68, of which 15 were from consumption, 4 from pneumonia, and 1 from scarlatina.

Communications Received.—Spontaneous Evolution in a Twin Case.—Remarks on the Treatment of the Night Sweats of Consumption.

Books and Pamphlets Received.—The Signs and Symptoms of Pregnancy. By W. F. Montgomery, M.D., &c. (From the publishers.)

MARRIED.—At Edgartown, Feb. 23d, Wm. T. S. Brackett, M.D., to Miss N. Mayhew, daughter of Joseph Mayhew, Esq., all of Edgartown.

DIED.—In Roxbury, 18th inst., Dr. Henry Sherwood Steele, late of Dixon, Ill. He was born in Hartford, Conn., Sept. 5th, 1828, and graduated at Yale College in the class of 1847.—In Jericho, Vt., 7th inst., Dr. George Howe, a native of Canaan, Vt., aged 75 years. He entered upon his professional duties at Jericho a half century ago.

Deaths in Boston for the week ending Saturday noon, March 21st, 70. Males, 34—Females, 36.—Accident, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—consumption, 14—convulsions, 1—dropsy, 3—drowning, 1—debility, 2—infantile diseases, 4—puerperal, 2—scarlet fever, 11—homicide, 1—disease of the heart, 1—hemorrhage, 1—disease of the kidneys, 1—inflammation of the lungs, 3—congestion of the lungs, 1—disease of the liver, 1—marasmus, 1—old age, 2—palsy, 2—phlebitis, 1—disease of the spine, 1—scalded, 1—teething, 4—tumor, 1—unknown, 2.

Under 5 years, 27—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 10—above 60 years, 10. Born in the United States, 46—Ireland, 18—other places, 6.

Unique Obstetrical Case.—Under this caption, Dr. Jos. C. Shapard, of Decherd, Tenn., relates the following most extraordinary case in the March number of the *Nashville (Tenn.) Journal of Medicine and Surgery*.

Mrs. H., a stout, healthy woman, about 25 years of age, the wife of a poor laboring man, and the mother of one child, became pregnant a second time, and the "function of labor" took place under the following circumstances.

Having approached very near her full term, but not feeling any symptoms of labor, and being desirous of visiting her father, she, on the 26th of April last, walked to the house of her father, a distance of five miles, accompanied by her husband and child. The next morning they set out on their return home, and had not gone far before she began to experience symptoms that indicated the approach of labor, and the farther they travelled the stronger became the symptoms. Having arrived within one mile and a half of home, the pains became quite strong, and her husband insisted on her stopping at a neighbor's house near by, but she preferred going on and trying to get home before lying-in. The next mile of their way lay over what is known in the neighborhood as "little mountain," which is a rough, rocky ridge, a few hundred feet high, situated some miles distant from the main range of Cumberland Mountains. As the party began the ascent of the mountain, a black cloud commenced rising above the horizon. The party continued to climb the mountain, the cloud continued to ascend the "steep of heaven," and the poor woman's pains continued increasing at an alarming rate. The party gained the summit of the mountain just as the cloud came over their heads, and the woman's pains likewise gained their utmost intensity; and there, on the top of that rugged mountain, while the windows of heaven were "wide open," and the rain falling in torrents, while the thunder was shaking the mountain to its centre, and the wind was blowing a hurricane, the woman sat down at the root of a tree and gave birth to a fine son.

As soon as the worst of the storm had passed over, the husband left his wife and children, and went on in the direction of home, to the nearest neighbor's house, to procure some dry blankets, quilts, or something of the kind for his wife. On his return back he met his wife, who had taken off her dress, and wrapped the child and after-birth up in it—the cord not yet being divided, and was carrying it on one arm, and leading the other child, making her way towards home. So much rain had fallen that it was impossible for her to get home without wading in the water nearly to her knees for some distance. And before she could get home she had to cross a ten-rail fence, which she did with her babe in her arms. The balance of her way was over a newly-ploughed field, through which it was then very difficult to walk. A couple of ladies seeing her going home in so bad a condition, went to her house, and by persuasion they got her to bed. A gentleman of the vicinity soon came in, and after hearing the history of the labor, he asked the husband how he felt while his wife was in labor. He answered that he was greatly alarmed. The wife spoke up and said, that "she couldn't help being tickled to see how badly scared he was."

The next morning she got up and prepared breakfast for her family as usual, and has attended to her household affairs ever since, without any inconvenience. The child was named Thomas Jefferson, and is still living and doing well.

Medical Department of the University of Nashville, Tenn.—The annual commencement of this school took place on the 28th ult., at the close of its sixth annual session. The number of students in attendance is stated to have been 80 more than the preceding year, and to have amounted to 419—the largest medical class ever assembled in this country out of Philadelphia. The commencement exercises were held in the Presbyterian church. After prayer by the Rev. Dr. Edgar, a valedictory to the class was delivered by Dr. H. M. Compton, of Texas; and, by appointment of the Faculty, the annual valedictory address by Prof. T. R. Jennings. Prof. Paul F. Eve, Dean of the Faculty, then made a report to the Board of Trustees, after which the degrees were conferred upon 137 successful candidates. It will be remembered that the city of this flourishing school is the appointed place of meeting of the American Medical Association in May next.

Starting Medical College, Columbus, Ohio.—Commencement at this school took place on the evening of the 3d inst. The annual address was delivered by Judge Thurman, of Columbus, and the valedictory by Prof. John Dawson. The degree of M.D. was then conferred by the Trustees on eighteen young gentlemen.

Massachusetts State Lunatic Hospital, at Worcester.—From the twenty-fourth Annual Report of the Superintendent of this institution (Dr. Merrick Bemis), we learn that at the close of last year there were in the Hospital 386 patients—168 males and 168 females. During the year there were admitted 241—112 males and 129 females; making the whole number under treatment during the year, 577—296 males and 281 females. Of these there were discharged—recovered, 97; much improved, 20; improved, 26; not improved, 23; died, 35; and remaining under treatment Dec. 1, 1856, 376. Of those admitted, the insanity of 104 was of less duration than three months; 84 had been insane more than one year; 68 were foreigners or those having no settlement in the State. The unmarried numbered 85; the married, widows and widowers, 148; unascertained, 8.

Medical Miscellany.—Dr. Hensley, of New Orleans, has presented to the "School of Medicine," of that city, a number of beautiful and valuable preparations in wax and alcohol.—The number of admissions to the Charity Hospital of New Orleans, during the year 1856, was 9,432; discharged, 8,398; deaths, 974.—Dr. William Yates, who it is said—on what authority we know not—first introduced vaccination into the United States, died lately at Morris, Otsego Co., N. Y., aged 90.—Mr. Crawford, the American sculptor, has lately repaired to Paris, from Rome, to seek the advice of Velpeau, Nelaton, and other French surgeons, in regard to the disease, fungus hematodes, under which he has been suffering for about eighteen months.